

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032636

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 153

FILED SEP 3 1963

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) Webb City		c. CITY OR TOWN Webb City	
Length of stay in lb Lifetime		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1104 W. Daugherty		d. STREET ADDRESS (If outside, give location) 1104 W. Daugherty	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Maggie Ann Rickman			4. DATE OF DEATH Month Day Year August 27, 1963		
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/24/1873	9. AGE (last birthday) 90	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
11. BIRTHPLACE (City and state or country) Jasper Co., Mo.			12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Reuben Rusk			13b. MOTHER'S MAIDEN NAME Evaline Jackson		
14. NAME OF HUSBAND OR WIFE Lula Belle Reis, R.1. Carl Junction, Mo.					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. [redacted]		
17. INFORMANT Address Lula Belle Reis, R.1. Carl Junction, Mo.					

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Circulatory Collapse		INTERVAL BETWEEN ONSET AND DEATH 5 months 6 years recent
DUE TO (b) Arteriosclerotic Heart Disease		
DUE TO (c) Hypertension		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) [redacted]		
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION Webb City, Mo.		COUNTY STATE
21. I attended the deceased from 4-2-57 to 8-27-63 and last saw her alive on 8-27-63 Death occurred at [redacted] on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE [Signature]	22b. ADDRESS Webb City, Mo.	22c. DATE SIGNED 8-28-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 29, 1963	23c. NAME OF CEMETERY OR CREMATORY Webb City Cemetery
23d. LOCATION (City, town, or county) Webb City, Missouri		23e. DATE RECD. BY LOCAL REG. 8-29-63
23f. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer		
24. FUNERAL DIRECTOR Hedge-Lewis Funeral Home Webb City, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Richard Gray Lewis

Licensed Embalmer No.

4495

P. O. Address

Webb City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.